

Working Healthy Premiums

KEESM 2664.5

How is the premium determined?

Premium Guidelines

Some people may be required to pay a monthly premium.

Consumers must agree to pay any premium prior to initial authorization for Working Healthy.

The monthly premium amounts are based on the number of persons in the WH assistance plan and the net countable income. The premium table is updated annually in May based on poverty level percentages.

Premiums for prior medical periods are determined based on actual countable income for the month. Varying premiums may result if income fluctuates between the months.

Premiums are due monthly. Premiums are allowable medical expenses on Food Stamp cases just like HCBS obligations and health insurance premiums.

Payment of the premium is an eligibility requirement. If a consumer meets the delinquency threshold and becomes 2 months overdue, their WH case will be closed.

Premiums will be reviewed by the EES worker when a WOAL is received stating (WH premium is severely overdue), at the six month desk review, and twelve month recertification. The EES worker will set an alert on WOAL for the six month desk review on all Working Healthy approvals.

WOAL		WORKER ALERTS	
CASE NAME: SANFORD, FRED			
SECTION:	280	UNIT: 1	CASELOAD: NORTH
MESSAGE			DUE DATE
SEND N-812 WH DESK REVIEW			102509

Premium status is verified using the interChange Premium Billing and Collections web based system.

8/2009

Determining and Entering Premium Amount on the KAECSSES System

The premium amount is determined by the '# in the medical unit' and 'total net income' amount on MSID. This figure is compared to the premium table, which can be accessed from MSID by using PF10, to determine the monthly premium amount.

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MSID                                MS INCOME DETERMINATION                                123008 09:29
                                     REG COORD K
CASE NAME: TIME, FATHER                                CASE NUMBER: 00090100 MONTH: 1008
INCOME MONTH: 1008
# IN MEDICAL UNIT: 01
SPECIAL MEDICAL IND : POA 01 : WL POA :

EMPLOYMENT INCOME : 0.00 EDUCATION INCOME : 0.00
SELF EMPLOY/INT INCOME: 510.60 OTHER UNEARNED INCOME : 808.50
TOTAL EARNED : 510.60 TOTAL UNEARNED : 808.50

WORK EXPENSE : 0.00 TOTAL NET INCOME: 1011.30
AABD DISREGARDS : 287.80 QMB NET INCOME: 1011.30
ALLOCATED INCOME : 0.00
TOTAL DEDUCTIONS: 287.80 WH PREMIUM:

BENEFIT ISSUANCE : MO GO TO PRESUMPTIVE DISABILITY?: N
AUTHORIZE FOR QMB : GO TO SUBSIDY D?: N

CASE HAS PASSED QMB RESOURCE AND NON-FINANCIAL ELIGIBILITY
CASE HAS PASSED MS RESOURCE AND NON-FINANCIAL ELIGIBILITY NEXT-->
  
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Using the HELP screen below, select the correct premium for Joe Consumer.

PREMIUM CHART FOR WORKING HEALTHY PROGRAM

SINGLE		TWO/THREE PERSON	
Monthly Net Income	Monthly Premium	Monthly Net Income	Monthly Premium
0.00-903	0.00	0.00-1215	0.00
903.01-1129	\$55.00	1215.01-1518	\$74.00
1129.01-1354	\$69.00	1518.01-1822	\$93.00
1354.01-1580	\$83.00	1822.01-2125	\$112.00
1580.01-1805	\$97.00	2125.01-2429	\$130.00
1805.01-2031	\$110.00	2429.01-2732	\$149.00
2031.01-2257	\$124.00	2732.01-3036	\$168.00
2257.01-2482	\$138.00	3036.01-3339	\$186.00
2482.01-2708	\$152.00	3339.01-3643	\$205.00
greater than 2708	NOT ELIGIBLE	2 person household greater than 3643	NOT ELIGIBLE
		3643.01-4578 (3 person household)	\$205.00
		3 person household greater than 4578	NOT ELIGIBLE

Premium information on MSID does not copy forward, however premiums will automatically rollover with on going cases. The EES worker will have to enter the premium on MSID for each month when processing an application or making a retroactive premium adjustment.

8/2009

SPEN Coding

Even though a Working Healthy consumer has Medicaid benefits, the spenddown screen will look like the person is on a spenddown.

The Working Healthy PICK coding will override the spenddown information. (That is why it is critical to enter the correct PICK codes in the 'SPECIAL MEDICAL IND' field on the PICK screen.)

It is also important that you do not enter a 'Y' in the Cost of Care > Remaining Spenddown field.

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* INFO *      CHECK CODING ON PICK
SPEN                      SPENDDOWN                      123008 09:39
BASE PERIOD: 1008 - 1008                      REG COORD K
CASE NAME: TIME, FATHER                      CASE NUMBER: 00090100
                                           QMB
      MMY      COUNTABLE INCOME      AMT OF PIL      COUNTABLE INCOME      QMB PIL
      1008      1011.30      475.00      1011.30      867.00

TOTAL INCOME :      1011.30      RECOVERABLE AMT:
TOTAL PIL    :      475.00
SPENDDOWN    :      536.30      OVERRIDE SPND :      536.30      VR: AG      PEND:
MED EXPENSES :      0.00
REM SPENDDOWN:      536.30      COST OF CARE > REMAINING SPENDDOWN:

BENEFIT AUTHORIZATION: KC01
REVIEW THROUGH: 0909
BASE MONTH(S) FAILED INCOME ELIGIBILITY FOR QMB
EACH BASE MONTH PASSED ELIGIBILITY OR IS SUSPENDED      NEXT-->
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How is the premium collected?

As the premium billing vendor, HP (Hewlett Packard) is responsible for billing and collection of Working Healthy premiums. HP will send billing statements, handle all bank activity related to collection and provide customer service functions to support the system.

Monthly premium statements will be mailed to either

- the program beneficiary based on the address listed on the KAECSSES ADDR screen.
- the beneficiary's responsible person listed on the KAECSSES ADDR screen (the beneficiary will not receive a duplicate premium statement)
- a third party designated by the beneficiary to receive premium statements by calling HP Member Services with their name and mailing address. The beneficiary will not receive a premium statement.

Eligibility staff will access the (iC PB&C) interChange Premium Billing and Collections web based system to verify if the consumer is current on their payment.

Delinquent Premiums

Delinquency occurs once the Working Healthy consumer has 2 months of overdue premiums. Once the consumer meets the delinquency threshold, an alert will be generated and sent from EDS to KAECSSES. The alert will be sent on the first of the month the delinquency occurs and state "WH premium is severely overdue".

When the alert is received, access the iC PB&C web based system to verify if there is a 'Y' in the delinquent field.

Member Details

Account #: 302009068313 Program Name: Working Healthy

EIN: Language:

SSN: OBE Enroll:

Case #:

Member Information

Name: Birth Date: Delinquent: Y

Address 1: Phone: - -

Address 2:

City: State: KS Zip: 1727

Responsible Person Information

Name:

Address 1:

Address 2:

City: State: Zip: - -

Group Information (SEHP only)

Group #: Group Name:

Next Account #: Inquire Exit

Financial Inq
Dependents
ACH
KPERs
Mailings
All Payee
Case Info

Y= Yes, consumer is delinquent on paying premiums

If the consumer meets this threshold and has a 'Y' in the delinquency field, the EES worker will close the Working Healthy case giving timely notice, determine eligibility for regular MS, QMB, LMB, Part D Subsidy, enter the new 'OD' code on PRAP to signify there are overdue premiums, and send the consumer appropriate notice of action.

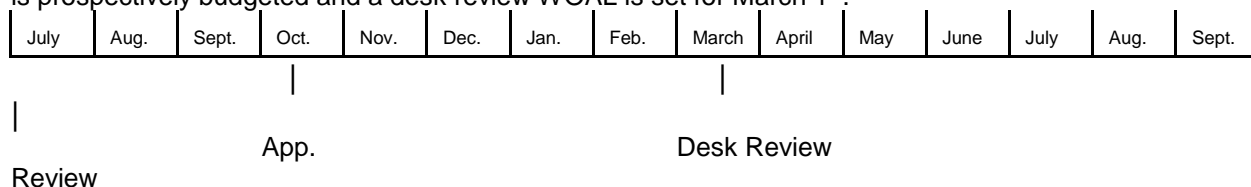
5/2010

Desk Reviews

When the EES worker sets a person up on the Working Healthy program, they set a WOAL for a six month desk review. A “WH cases due for a six month desk review” report is also available as an aide in identifying these cases.

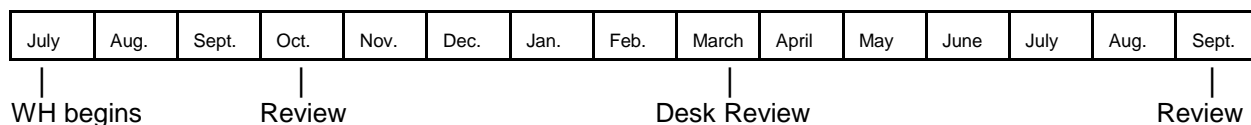
On new applications, the six month time frame is not affected by a request for prior medical assistance.

Example: The worker receives an application for Working Healthy on October 10th. The consumer requests prior medical assistance and is eligible for Working Healthy back to July 1st. The prior medical months of July, August, and September are determined using actual income. The current medical request is prospectively budgeted and a desk review WOAL is set for March 1st.



When converting cases from other programs to Working Healthy you will establish a six month desk review, unless the person's review falls before the sixth month.

Example: A consumer who was on a spenddown, converts to the Working Healthy program July 1st. The consumer has a review due in October so no desk review is set. Once the review in October is completed, a desk review is set for March.



At the six month desk review, the EES worker contacts the consumer for income verification. They also access the (ic PB&C) web based system to check if each consumer with a premium responsibility is current on their payments.

If the consumer fails to respond to the request for new income information, Working Healthy coverage terminates effective the last day of the sixth month. Eligibility for regular MS, QMB, LMB, and Part D Subsidy is determined.

Retroactive Premium Adjustments

Past premium months can be adjusted in limited situations. When completing a retroactive premium change the worker shall go into the correct month on the KAECSSES system and change the premium amount on MSID, re-authorize the month, send appropriate notice to the consumer informing them of the premium adjustment.

Overstated premiums can be adjusted when it is a case of agency error in determining the premium amount or when the agency failed to timely adjust a premium due to a reported change.

Example A: On a July Working Healthy application, the worker determined that the consumer had a \$69 premium. Two months later the worker realized they made a mistake in converting income and the premium should have been \$55. The worker should make a retroactive premium adjustment for all the months affected.

Example B: A Working Healthy consumer calls 8/10 and reports that their hours at work have been cut back. The worker is extremely busy and does not get the income for September adjusted in time. The worker should make a retroactive premium adjustment, since they weren't able to timely act upon the change.

A failure on the part of the client to timely report a change will not result in a retroactive premium adjustment.

Current or future premiums can not be adjusted to account for either understated or overstated premiums.

If a premium was understated for any reason, the worker shall establish an overpayment.